



February 11, 2005

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## SENATE BILL No. 603

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DIGEST OF SB 603 (Updated February 9, 2005 12:21 pm - DI 104)

**Citations Affected:** IC 12-15; IC 16-38.

**Synopsis:** Kidney disease. Adds kidney disease to the chronic disease management program and the chronic disease registry.

**Effective:** July 1, 2005.

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**Landske, Breaux**

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January 24, 2005, read first time and referred to Committee on Health and Provider Services.

February 10, 2005, reported favorably — Do Pass.

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SB 603—LS 7835/DI 110+



February 11, 2005

First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

## SENATE BILL No. 603

A BILL FOR AN ACT to amend the Indiana Code concerning health.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1 SECTION 1. IC 12-15-12-19 IS AMENDED TO READ AS  
2 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 19. (a) This section  
3 applies to an individual who is a Medicaid recipient.  
4 (b) Subject to subsection (c), the office shall develop the following  
5 programs regarding individuals described in subsection (a):  
6 (1) A disease management program for recipients with any of the  
7 following chronic diseases:  
8 (A) Asthma.  
9 (B) Diabetes.  
10 (C) Congestive heart failure or coronary heart disease.  
11 (D) Hypertension.  
12 **(E) Kidney disease.**  
13 (2) A case management program for recipients described in  
14 subsection (a) who are at high risk of chronic disease, that is  
15 based on a combination of cost measures, clinical measures, and  
16 health outcomes identified and developed by the office with input  
17 and guidance from the state department of health and other

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experts in health care case management or disease management programs.

(c) The office shall implement:

(1) a pilot program for at least two (2) of the diseases listed in subsection (b) not later than July 1, 2003; and

(2) a statewide chronic disease program as soon as practicable after the office has done the following:

(A) Evaluated a pilot program described in subdivision (1).

(B) Made any necessary changes in the program based on the evaluation performed under clause (A).

(d) The office shall develop and implement a program required under this section in cooperation with the state department of health and shall use the following persons to the extent possible:

(1) Community health centers.

(2) Federally qualified health centers (as defined in 42 U.S.C. 1396d(1)(2)(B)).

(3) Rural health clinics (as defined in 42 U.S.C. 1396d(1)(1)).

(4) Local health departments.

(5) Hospitals.

(6) Public and private third party payers.

(e) The office may contract with an outside vendor or vendors to assist in the development and implementation of the programs required under this section.

(f) The office and the state department of health shall provide the select joint commission on Medicaid oversight established by IC 2-5-26-3 with an evaluation and recommendations on the costs, benefits, and health outcomes of the pilot programs required under this section. The evaluations required under this subsection must be provided not more than twelve (12) months after the implementation date of the pilot programs.

(g) The office and the state department of health shall report to the select joint commission on Medicaid oversight established by IC 2-5-26-3 not later than November 1 of each year regarding the programs developed under this section.

SECTION 2. IC 16-38-6-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 1. As used in this chapter, "chronic disease" means one (1) of the following conditions:

(1) Asthma.

(2) Diabetes.

(3) Congestive heart failure or coronary heart disease.

(4) Hypertension.

**(5) Kidney disease.**

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- 1           ~~(5)~~ (6) A condition that the state department:  
2               (A) determines should be included on the registry; and  
3               (B) chooses to add to the registry by rule under IC 4-22-2.

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SENATE MOTION

Madam President: I move that Senator Breaux be added as second author of Senate Bill 603.

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## COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 603, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is made to Senate Bill 603 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 9, Nays 0.

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